

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	2					
4	2					
5	2					
6						
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50						
TOTAL IND.	1					
TOTAL DEP.	2					
TOTAL CLAIMS	3	8				

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
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TOTAL CLAIMS												